

BEST AVAILABLE COPY

SECRET
(When Filled In)

| PERSONALITY (201) FILE REQUEST | | | | | NOTE: Consult the 201 Control System Reference Manual before completing this form. Form must be typed or printed in block letters. | | | | |
|---|--------|----------------------------------|--|--------------------------------------|--|-----------------------------------|--|--|--|
| TO: RID/201 Section | | | | | DATE 15 MAR 60 | | ACTION <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> AMEND <input type="checkbox"/> CLOSE | | |
| FROM: EE/G/L C J | | | | | ROOM NO. 2211 K | | TELEPHONE 2451 | | |
| SECTION I | | | | | | | | | |
| <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NON-SENSITIVE | | | SOURCE DOCUMENT | | | | | | |
| NAME (Last) BERNAU | | NAME (First) GUENTER | | NAME (Middle) HANS | | NAME (Title) | | 3. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | |
| NAME VARIANT | | | | | | | | | |
| 2. TYPE | (Last) | | (First) | | (Middle) | | (Title) | | |
| A | BAER | | GUENTER | | | | | | |
| A | BRACHT | | FNU | | | | | | |
| A | BURGER | | HANS | | GUENTER | | | | |
| 4. PHOTO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | |
| 5. BIRTH DATE D 30 M 03 Y 17 | | 6. COUNTRY OF BIRTH GERM | | 7. CITY OR TOWN OF BIRTH LIEGNITZ | | CITIZENSHIP GERMANY | | | |
| OTHER IDENTIFICATION BND | | | | | | 8. OTHER IDEN CODE 1. UA 2. 3. | | | |
| OCCUPATION/POSITION CURRENT STAFF, FIELD, BADEN WURTTMBERG | | | | | | 9. OCC/FOS CODE 1F ZA | | | |
| SECTION II | | | | | | | | | |
| CRYPTONYM | | | | PSEUDONYM | | | | | |
| SECTION III | | | | | | | | | |
| 10. COUNTRY OF RESIDENCE 32W | | 11. PRIMARY DESK INTEREST 032 | | 12. 2ND COUNTRY INTEREST | | 12A. 3RD COUNTRY INTEREST | | | |
| COMMENTS DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCE/METHOD/EXEMPTION 3B2 NAZI WAR CRIMES DISCLOSURE ACT DATE 2006 VERIFIED PUNCHED 201- C J-1 4-1 | | | | | | | | | |
| PERMANENT CHARGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | RESTRICTED FILE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | SIGNATURE | | | |